



# Valley Stream UFSD Thirteen Registration

## CUSTODIAL AFFIDAVIT FORM D

STUDENT'S NAME (PLEASE PRINT)

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

### WARNING

Any person or persons, who willfully provide false information regarding residence, may be subject to criminal penalties. Making a false statement regarding residence or entitlement to a tuition-free education from the district is punishable as a 'Class A' Misdemeanor. In addition, if it is determined that a registrant's child resides outside of the district, the district may take legal action to collect tuition charges. Such tuition charges may exceed \$15,000 per year if the student is not legally entitled to receive a tuition-free education from the district. The district reserves the right to investigate any student's residency by any legal means available, including but not limited to public records, site visits and other lawful methods of investigation.

STATE OF NEW YORK    }  
                                      } SS:  
COUNTY OF                }

I, \_\_\_\_\_, being duly sworn, deposes and says:  
*Name*

1. I live at \_\_\_\_\_.  
*Address*

2. \_\_\_\_\_ is my \_\_\_\_\_ and he/she has  
*Child's Full Name* *Child's Relation to Custodian*  
been living with me since \_\_\_\_\_.  
*Date*

3. \_\_\_\_\_ intends to reside with me for \_\_\_\_\_.  
*Child's Full Name* *Length of Time*

4. This living arrangement is: ☐ Permanent ☐ Temporary.

If temporary, the arrangement will be terminated on \_\_\_\_\_. Please explain:

5. Describe the reason(s) and the purpose for surrendering the care, custody and control of the child to you: \_\_\_\_\_

6. Former address(es) where the child has lived:  
Street City State Dates With Whom

7. \_\_\_\_\_ does not live at any other address.  
*Child's Full Name*
8. Food, clothing, and all other necessities are provided to \_\_\_\_\_  
*Child's Full Name*  
by \_\_\_\_\_.  
*Name of Provider*
9. Will the child be spending overnight, weekends, holidays or vacations elsewhere? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_
10. Does each parent intend to remain at his/her present address? ☐ YES ☐ NO  
Please explain: \_\_\_\_\_
11. Where is each parent registered to vote? Mother \_\_\_\_\_ Father \_\_\_\_\_
12. What court orders have been made with respect to the child's guardianship or custody? (Attach a copy of all such orders.)
13. If the guardian has any other children, supply the following information:
- | Name  | Age   | Address | Relationship to Guardian | School |
|-------|-------|---------|--------------------------|--------|
| _____ | _____ | _____   | _____                    | _____  |
| _____ | _____ | _____   | _____                    | _____  |
| _____ | _____ | _____   | _____                    | _____  |
14. I, \_\_\_\_\_, assume full responsibility  
*Name of Custodian*  
for all matters relating to \_\_\_\_\_'s education and medical care.  
*Child's Full Name*
15. Statement of other relevant facts (enclose additional sheets of paper as required):  
\_\_\_\_\_  
\_\_\_\_\_

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**Questions "A" through "F" should be answered when application for admission is filed by persons other than a natural parent/guardian:**

- A) Why is the child not living with his/her natural or adoptive parent(s)? \_\_\_\_\_  
\_\_\_\_\_
- B) Does the student live in your home exclusively? \_\_\_\_\_
- C) How often will the parent(s) see the child? \_\_\_\_\_
- D) What percentage of financial support will be made by the natural parent(s)? \_\_\_\_\_
- E) What percentage of financial support will be made by you? \_\_\_\_\_

**The following should be completed if the guardian is someone other than the natural parent claiming custody without a court order:**

Does the student receive financial aid or other support from either or both of his/her parents?

☐ YES ☐ NO

If "YES", please complete the information below:

FATHER: APPROXIMATE DOLLAR AMOUNT PER YEAR: \$ \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

MOTHER: APPROXIMATE DOLLAR AMOUNT PER YEAR: \$ \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

If parents have not provided support, please provide the information of the person that supplied the financial support:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

I affirm that the information in this application is true and correct. I understand that the statements in this application are subject to verification by the school District and that false statements may lead to liability for the payment of tuition. I also understand that it is my responsibility to notify the school of any changes, and/or circumstances affecting this application.

I also understand that making any false statements is punishable as a class "A" misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

\_\_\_\_\_  
NON-CUSTODIAL PARENT'S SIGNATURE (If applicable)

\_\_\_\_\_  
CUSTODIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
NOTARY PUBLIC



# Valley Stream UFSD Thirteen Registration

## PARENT AFFIDAVIT FORM E

STUDENT'S NAME (PLEASE PRINT)

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

### WARNING

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STATE OF NEW YORK     }  
                                      } SS:  
COUNTY OF                }

I, \_\_\_\_\_, being duly sworn, deposes and says:

*Parent / Guardian*

1. With full understanding of the requirements for enrollment, I request that my child,

\_\_\_\_\_  
*Name of Student*

be admitted to the schools of Valley Stream UFSD Thirteen as a District resident.

2. I, \_\_\_\_\_, am the Parent/Guardian/Custodial  
parent of the above-named child/ward. I reside at \_\_\_\_\_

At this time, I lack the necessary personal/identification documentation required by Valley Stream UFSD Thirteen to register my child for school.

\_\_\_\_\_  
Parent/Guardian/Custodial Parent Signature

\_\_\_\_\_  
Residency Office Witness

\_\_\_\_\_  
Date

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC